PTO/SB/22 (12-04)
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	FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional) 31759-190543							
(Fees purs	FY 2005 uant to the Consolidated Appropriations Act, 200	31759-1	90543						
Application		Filed June 26, 2003							
INFORMATION PARTITIONING APPARATUS, INFORMATION PARTITIONING METHOD, INFORMATION PARTITIONING PROGRAM, AND RECORDING MEDIUM ON WHICH INFORMATION PARITITIONING PROGRAM HAS BEEN RECORDED									
Art Unit	2178		Examiner [	David Faber					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
The request	ed extension and fee are as follows (check			priate fee below).					
x	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120					
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	.\$					
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$					
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261  I have enclosed a duplicate copy of this sheet.									
I am the	assignee of record of the entire in Statement under 37 CFR 3.7  x attorney or agent of record. Regulation number if acting under 37 CFR Registration number if acting under 37 CFR	73(b) is enclosed. gistration Number 1.34.	. (Form PTO/SB/96). r33,074 June 2,	4-4000					
Typed or printed name  Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more									
[]	radure is required, see below.  tal of forms are submitted	<b>l</b> .							

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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Free pursuant ot the Consolidation Appropriations Act, 2005 (N.R. 4816).  FEE TRANSMITTAL FOR FY 2006  Application Number 10/05/03, 365 Filling Date June 26, 2003 First Named Inventor Absush IKENO Examiner Name David Farber And Unit 2178  Application Sumber 10/05/03, 365 Filling Date June 26, 2003 First Named Inventor Absush IKENO Examiner Name David Farber And Unit 2178  TOTAL AMOUNT OF PAYMENT (\$) 320 Attorney Docket No. 31759-190543  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number 22-0261 Depost Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge fee(s) indicated below  X Charge fee(s) indicated below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Application Type Fee (\$) Fee	Under the Paperwork Reduction Act	of 1995, no person are requ	uired to res	spond to a collection				B control numbe				
FILING FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEE SELECT FILING, SEARCH, AND EXAMINATION FEE SEARCH FEES Small Entity Fee (5) Small Entity Fee (5) Fee Paid (5) Light 120 (including Reissues)  2. EXCESS CLAIM FEES  For Deposit new 73 (including Reissues)  Light 120 (including Reissues)  Extra Flora (Institution See Paid (5))  Light 120 (a) Application street of reach additional 50 or fraction thereof Fee (5) Fee Paid (5)  Light 120 (a) Application size fee (b) (light) and range for free (s) including Reissues)  Number of each additional paid for, if greater than 2.  Lindep. Claims Fee (5) Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (1) Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee Paid (5)  Lindep. Claims Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee Paid (5)  Lindep. Claims Fee (1) Fee Paid (5)  Lindep. Claims Fee (2) Fee Paid (5)  Lindep. Claims Fee (1) Fee Paid (5)  Lindep. C	Effective on 12/0	4948)	1,0,000,005									
FOR FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 320  Attorney Docket No. 31759-190543  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Y Deposit Account Deposit Account Number 22-0261 Deposit Account Name: Venable LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Tele(s) indicated below, except for the filling fee Scharge fee(s) indicated below Tele(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the filling fee Scharge fee(s) indicated below, except for the fillin	1	_	, tpp://dataori.itainia.		<del></del>							
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2178	1		g =									
METHOD OF PAYMENT (s) 320   Attorney Docket No.   31759-190543	For FY 2	<u> </u>	Thou ramed inventor									
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity s		0470									
Check Credit Card Money Order None Other (please identify):    X					31759-190543	3						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below except for the filing fee   Charge fee(s) indicat	METHOD OF PAYMENT (chec	k all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated feets   X   Charge fee(s)												
Charge fee(s) indicated below    Charge any additional fee(s) or underpayment of   X Credit any overpayments	X Deposit Account Deposit Account	t Number: 22-0261 Depo	osit Accour	nt Name:	W.W.	Venable LLF	)					
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the above-identified de	posit account, the Dire	ector is h	hereby authorize	ed to: (che	ck all that apply)	١					
Fee   Sunder 37 CFR 1.16 and 1.17	X Charge fee(s) indicate	ed below		Charge	e fee(s) ind	icated below, ex	cept for t	ne filing fee				
The provisional   200   100   100   50   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130   65   130	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
File   Sample   Fee   Fee   Sample   Fee   Fee   Sample   Fee   Fee   Sample   Fee   Fee   Fee   Sample   Fee	FEE CALCULATION (All the	fees below are due	e upon	filing or may	be subje	ect to a surch	arge.)					
Application Type	•			2011 5550	EVALAINI	ATION FEEC						
Application Type			SEAR		EXAMIN							
Design   200   100   100   50   130   65	Application Type Fee		ee (\$)		Fee (\$)	Fee (\$)	Fees F	Paid (\$)				
Plant	Utility 300	) 150	500	250	200							
Reissue 300 150 500 250 600 300	Design 200	) 100	100	50								
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant 200	) 100	300	150								
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims  Fee (\$) 50 25  Each independent claims  Total Sheets	Reissue 300	) 150	500	250	600	300						
Fee (\$) Fee (\$) Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Claims  -20 or HP  R  -20 or HP  R  -20 or HP  R  Extra  Claims  Claims  -20 or HP  R  Extra  Claims  Claims  Fee (\$)  Fee Paid (\$)	Provisional 200	) 100	0	0	0	0						
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  -20 or HP  Claims  -20 or HP  Extra  Claims  -20 or HP  Claims  -20 or HP  Extra  Claims  -20 or HP  Extra  Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep.  Claims  Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing												
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra   Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 or HP                               HP = highest number of total claims paid for, if greater than 20.    Indep.   Claims   Fee (\$)   Fee Paid (\$)     Claims   Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).    Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     -100 =												
Multiple dependent claims    Total Claims												
Total Claims    Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	_	crading resource)										
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Indep. Claims   Extra   Claims   Fee (\$)   Fee Paid (\$)    4	- 20 or HP			<u>Fee</u>	<u>e (\$)</u> F	ee Paid (\$	3)					
Claims   Claims   Fee (\$)   Fee Paid (\$)    4	HP = highest number of total claims paid	for, if greater than 20.						_				
4 - 3 or HP = 1 x 200 = \$200  HP = highest number of total claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 / (round up to a whole number) x / = //  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing	,	Fac (\$)	Eco Pai	id (\$)								
HP = highest number of total claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =												
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
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surcharge): Extension of Time \$120	surcharge):	Extension of	of Time				\$	120				
SUBMITTED BY												
Signature Registration No. (Attorney/Agent) 33,074 Telephone (202) 344-4000		Mark			33,074	Telephone	(202) 34	14-4000				

Name (Print/Type) Catherine M. Voorhees Date June 2, 2006

Name (Print/Type) Catherine M. Voorhees

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.